

ARIZONA DEPARTMENT OF WATER RESOURCES  
WATER MANAGEMENT SUPPORT SECTION  
P.O. BOX 33589 PHOENIX, ARIZONA 85067-3589

**NOTIFICATION OF CHANGE OF OWNERSHIP OF AN IRRIGATION GRANDFATHERED RIGHT**

INSTRUCTIONS AND REQUIRED ATTACHMENTS

- COMPLETE THIS FORM AND OBTAIN THE REQUIRED SIGNATURE. MAIL THE COMPLETED FORM OR HAND DELIVER IT TO ADWR AT 3550 NORTH CENTRAL AVENUE IN PHOENIX.
- ENCLOSE A RECORDED DEED THAT EVIDENCES THIS CONVEYANCE. DEEDS ARE AVAILABLE FROM THE COUNTY RECORDER. A PHOTOCOPY IS ACCEPTABLE.
- ENCLOSE A CURRENT ASSESSOR'S MAP SHOWING THE BOUNDARIES AND DIMENSIONS OF THE PARCEL(S) DESCRIBED IN THE DEED. MAPS ARE AVAILABLE FROM THE COUNTY ASSESSOR.
- ENCLOSE A \$35.00 FEE TO COVER ISSUANCE OF A NEW CERTIFICATE. CHECKS MAY BE MADE PAYABLE TO 'ADWR'. THIS FEE IS BEING REQUESTED IN ACCORDANCE WITH A.R.S. § 45-113(B).
- IF YOU NEED ANY ASSISTANCE PLEASE CONTACT THE CONVEYANCE UNIT AT 602-771-8500 (PHOENIX AREA) OR 800-352-8488 (STATEWIDE). THE ADWR WEBSITE ADDRESS IS [www.azwater.gov](http://www.azwater.gov).

In accordance with A.R.S. § 45-482(B), the undersigned party hereby notifies the Arizona Department of Water Resources of the conveyance of this Irrigation Grandfathered Right:

1. Certificate of Grandfathered Groundwater Right number: 58 - \_\_\_\_\_ .
2. Number of irrigation acres on certificate: \_\_\_\_\_
3. Number of irrigation acres to be conveyed: \_\_\_\_\_. If this number is 10 acres or less indicate whether the property will be part of a farming operation greater than 10 irrigation acres: Yes \_\_\_\_\_ No \_\_\_\_\_
4. Deed recording number: \_\_\_\_\_ Deed recording date: \_\_\_\_\_
5. Assessor's parcel number(s): \_\_\_\_\_
6. Please specify the effective date of this ownership change \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and the quantity of water used between January 1 of that calendar year and the effective date: \_\_\_\_\_ acre-feet.
7. Wells serving this right (list by ADWR registration number; non-exempt production wells only):  
Wells owned by or being conveyed to the buyer: 55-\_\_\_\_\_ 55-\_\_\_\_\_ 55-\_\_\_\_\_ 55-\_\_\_\_\_  
Non-owned, non-district wells: 55-\_\_\_\_\_ 55-\_\_\_\_\_ 55-\_\_\_\_\_ 55-\_\_\_\_\_
8. Indicate whether you plan to retire or extinguish any portion of this right within the next 12 months: Retire \_\_\_\_\_ Extinguish \_\_\_\_\_

SELLER/GRANTOR  
(Print or Type)

BUYER/GRANTEE  
(Print or Type)

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
BUYER'S SIGNATURE DATE

